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SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, N.W. SUITE 800 WASHINGTON, DC 20037					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
WASHINGTON, L	3	Te FRADE MADE				(Depositor's name)	
	CMTA					(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED	INVEN		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/797,040 03/11/2004 Toru Ikeda 54/26/2006 The Colored 10/9/							10/9/044666
TITLE OF INVENTION: IGNITION CONTROL APPARATUS FOR INTERNAL COMBUSTION ENGINE (IL 1501 1409, 90 09 02 1011504 360, 60 09							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400			\$300	\$1700	06/08/2006
EXAMINER		ART UN	ART UNIT		ASS-SUBCLASS		
CASTRO, ARNOLD 3			123-406550				
1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	Correspondence	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to					
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT	(print o	r type)		
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
MITSUBISHI DENKI KABUSHIKI KAISHA TOKYO, JADAN 1954							
Please check the appropriate	assignee category or category	ries (will not be pri	inted on the par	tent) ;	☐ Individual ☐ Co	orporation or other private gro	oup entity Government
4a. The following fee(s) are enclosed: Substitute Subs			4b. Payment of Fee(s): A check is attached for the NOA Fees payment. Please				
Advance Order - # of	c c	charge any payment deficiency and credit overpayment to PODA 19-4880. A duplicate copy of this form is attached.					
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	MALL ENTITY status. See 3					LL ENTITY status. See 37 Cl	
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Authorized Signature		Cey			Date	4/21/00	
Typed or printed name	Alan J. Ka	sper V			Registration N	Jo. 25,426	

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